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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09 867528

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			3.4					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			34 minus 20=		• 14			X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS			minus 3 =		2			X40=		OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "C					r "0" in c	olumn 2	l	TOTAL		OR	TOTAL	1122
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
Meanwhere		(Column 1) CLAIMS	·	(Colui	All the second sections and the second sections are second sections.	(Column 3)	7 8	SWALL	THE R. P. LEWIS CO., LANSING, MICH.	On } [	JINALL	AMERICAN STREET
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
									<b>2</b> ,110, 110, 110		TOTAL	
(Caliman 1) (Caliman 0) (Caliman 0)								ADDIT. FEE		J.''.	ADDIT. FEE	
_	(Column 1) (Column 2) (Column Column 2) (Column 2) (Column 2)									1 1	·	
00	<b>.</b>	REMAINING		NUM	1BER	PRESENT		D.T.	ADDI-		5.75	ADDI-
Ż		AFTER AMENDMENT		1	OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**	TOR	=		X\$ 9=	rce_	OR	X\$18=	FEC_
	Independent	*	Minus	***		=		X40=			X80=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR.	7.00-	
								+135=		OR	+270=	
	·									OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ပ		CLAIMS		HIG	HEST	]	1	1	ADDI-			ADDI-
Ĕ		REMAINING AFTER			MBER OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
Ē		AMENDMENT			FOR	27.1177			FEE			FEE
AMENDMENT	Total		Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	<u>  •                                     </u>	Minus	***		=	4	X40=	-	OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
•	If the entry in eater	mn 1 is loss than t	he entre in eat	ıma 2 weit	a "O" in ca	dumn 3		+135=		OR	+270=	
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		her Previously Pa					er foi	ind in the apr	propriate bo	k in co	lumn 1	